PLACE OF BIRTH  County of Gila  District of Globe,	BUREAU OF	IA STATE BOAF VITAL STATISTICS RTIFICATE OF BIRTH	State Index No. 2/ 6
Town ofGlobe			Ward)
FULL NAME OF CHILD  Bettic Jane, Hatch,   Born   YES  If child is not named, make Supplemental Report on blank obtainable from local registrar.   Alive   ****  Sex of Female Twin,   Triplet   and   Number   Legiti   Date of   Birth   B   12   19122    Other of birth   Month   Day   Yr.			
Sex of Female Twin, Triplet or other	and in order of birth		
Full FATHER Name William H. H. Residence	atch,	Residence	cica,Gill,
Color White Ages	at last 34 rthday Years	Color or Race White	Age at last 28 Birthday Years
Birthplace California, Occupation		Occupation	, Ariz.
Electrici	e of Children, of this mother, now living	7	tainst Ophthalmia neonatorum? Yes•
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  8,18,19122 at A. M.  I hereby certify that I attended the birth of the above child; and that it occurred on 8,18,19122, at A. M.			
cian or midwife. then the house should make this return.	holder	Attending physician	midwife, householder.*
Given or Christian name added	VI	1 1912 £	be, Ariz.
288-8/2-67	Filed 9 5	A True Copy 8	COUNTY REGISTRAR.

Write plainty with Unfacing ink.—..... is a permanent of made for each, and N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.